



ORIGINAL RESEARCH

Traditional Baby Care Practices in Artvin, Turkey

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Abstract

Objective: This descriptive study was planned to examine mothers' traditional practices in baby care.

Material-Method: The study sample consisted of 172 mothers whose babies were treated in the neonatal unit and pediatric ward of a hospital. Data were collected through face-to-face interviews with mothers using "Sociodemographic characteristics form", "Traditional practices form" and "Care practices form".

Results: Mean age of the included mothers was 29.4±0.4 years and first pregnancy mean age was 23.9±0.3 years. Mean number of pregnancies was 2.4±0.1. Mean number of children was 2.1±0.1. Common traditional baby care practices include "forty days" or "half-forty days" ritual (the mother and the neonate bathing together as a ritual on the 20th day or 40th day after birth, with a view to protect the baby from diseases), swaddling, "crowding" (a sudden surprise visit of a crowd of relatives to baby's house in case the baby cannot stand upright or raise her head as expected, at a certain stage of development), using cheesecloth wraps over the baby's head to protect the newborn from jaundice, giving blessed sugar as the first food, waiting for the Azan (call to prayer) before breastfeeding. Education status, working status, income level and residence of the mother were not effective in practicing neonatal traditions.

Conclusion: Based on the results of this study, it was recommended to conduct larger scale and repetitive studies on this topic, in order to clarify the underlying reasons for mothers to adopt and implement such traditional baby care practices.

Keywords: Baby Care, Traditional Practices, Mother

INTRODUCTION

Traditional health care practices are essentially medical practices based on the beliefs, traditions, values and cultures. Each society has its own beliefs and practices regarding health and illness. Female productivity, birth, stopping breastfeeding, sex, death, illness, and suffering are not just private experiences, but all have a social basis. Therefore, health conditions involving aforementioned facts are usually determined by cultural practices, in addition to biological and environmental factors ¹. Traditions are practiced in almost every part of the world with some variations in different regions, families and people ². According to Maden, traditional knowledge and practices are recognized by all members of the society and they are anonymous in essence ³. Furthermore, traditional health and illness practices are perfectly integrated with the other components of culture ⁴.

Although there are no large scale studies conducted in Turkey about traditional beliefs and practices, several studies are available examining local traditional medical practices. These studies show that some of traditional practices which may risk human health, are still in use today, such as bathing the baby in salt water to prevent her/his sweat smelling bad at later ages. Traditional practices especially for health care purposes are widely used in children ². Unfavorable or unhealthful traditional practices may prolong the healing processes, seriously inhibit effective treatment, and even result in death ^{5,6}.

Whatever learned from previous generations and everything acquired and contributed to the culture are transferred to the next generations Therefore, culture is a heritage of one's own society. In other words, each individual inherits culture as a product

of the efforts and experiences of previous generations⁷. It is clear that practices are transferred from generation to generation with the help of cultural traditions⁸.

Cultural differences identify societies. Each society has its own inherent traditions, customs, art, music, architecture, social norms, values, rituals, and health beliefs and practices, which do not emerge suddenly, but develops over time as a result of a deep heritage passing through the filters of history. These cultural components penetrate into all aspects of individuals' lives and cause them to develop certain behavioral patterns. Health behavior is one of the most essential ones of these behavioral patterns. Cultural factors affect health behaviors so deeply that they can influence the entire life of the individual. Therefore, this study was planned in order to examine the reflections of traditional neonatal care practices on baby health care and contribute to the literature.

MATERIALS AND METHODS

Type of the study

This is a descriptive type of study.

Time and place of the study

The study was conducted in the period between May-November 2017, in the State Hospital of Artvin, in north-east Turkey.

Target population and sample

The mothers of the infants or children who were under treatment at the neonatal unit or pediatric ward of Artvin State Hospital in the period between May and November 2017 constituted the target population of the study. Mothers with neonates aged 0-28 days in the neonatal unit and with babies aged 0-2 months in the pediatric service were included in the study. A total of 204 mothers were contacted within the specified period, but the sample consisted of 172 mothers who agreed to participate in the study.

Data collection

Data collection was performed through face-to-face interviews of the researchers with the mothers. Mean time to complete the data collection forms was 6 minutes.

Data collection tools

Study data were collected by the researchers using

three forms, which were considered to be related to mothers' baby care practices and were created as a result of a detailed literature review⁹⁻¹¹. These forms are "Sociodemographic characteristics form", "Traditional practices form" and "Care practices form".

-Sociodemographic characteristics form

It is a form for questioning demographic characteristics of the participants such as age, education level, and such demographic data.

-Traditional practices form

This form is prepared to identify common traditional practices in baby care.

-Care practices form

This form consisted of open-ended questions to determine whether the fifteen common baby care practices were practiced by mothers and, if so, in which way.

Data evaluation

Data were evaluated by SPSS 23.0 program. Numbers, mean values and percentages were used for descriptive data. Variance analysis and Student's t test were used as parametric tests, Kuruskal Wallis and Mann Whitney U tests as nonparametric tests in searching for differences.

Ethical aspect of the study

Ethical approval was obtained from Artvin Coruh University Ethics Committee (2017/3 session and decision no: 11), written permission from the institution where the study was conducted and verbal consent from all participants.

RESULTS

Age of the mothers varied between 18 and 43 (mean age 29.4 ± 0.4) years. Mothers' first-time pregnancy ages varied between 15 and 38 (mean age 23.9 ± 0.3) years. Number of pregnancies was between 1 and 8 (mean 2.4 ± 0.1). Number of children was between 1 and 5 (mean 2.1 ± 0.1) (Table 1).

Table 1. Some demographic data of the mothers

Variable	Min	Max	Mean	SD
Age	18	43	29.4	0.39
Age of first pregnancy	15	38	23.9	0.31
Number of pregnancy	1	8	2.4	0.11
Number of children	1	5	2.1	0.07



When the traditional baby care practices of mothers are examined, 10.5% of the mothers celebrated half-forty days ritual (20 days), while 68% practice forty days ritual (40 days). While 41.3% of the mothers were swaddling the baby, 58.7% were not. Approximately half of the sample (54.1%) used a yellow cheesecloth wrap over the head of their

babies in order to prevent the baby from getting jaundice. The rate of those who gave blessed sugared water to the baby as the first food was 22.7%. The mothers who preferred to wait for 3-5 prayer times at the first feeding of the baby was determined as 2.9% (Table 2).

Table 2. Some traditional baby care practices and their frequency in the sample (n=172)

Traditional Baby Care Practices	Yes		No	
	Number	%	Number	%
Half-forty days ritual	18	10.5	154	89.5
Forty days ritual	117	68.0	55	32.0
Swaddling	71	41.3	101	58.7
Putting yellow cheesecloth wraps over the head against newborn jaundice	93	54.1	79	45.9
Giving blessed sugar as the first food	39	22.7	133	77.3
Waiting for 3-5 Azan before first breastfeeding	5	2.9	167	97.1

The scores obtained in the Traditional Practices Form lined up from highest to lowest respectively as mothers had secondary education, primary education and higher education, but there was no statistically significant difference between the scores ($P > 0.05$). Although housewife mothers were involved more in traditional practices than working mothers, there was no statistically significant difference in between, in terms of frequency of traditional practices ($P > 0.05$). The

low-income group was performing traditional practices at highest frequency, followed by the middle-income group, and then the high-income group, but the difference between the groups was not statistically significant ($p > 0.05$). The frequency of traditional practices was the highest for those living in the village, followed by those in the town and in the city, respectively, but no statistically significant difference was determined between them ($p > 0.05$) (Table 3).

Table 3. Comparison of mothers' mean scores of traditional practices form with respect to demographic characteristics

	n	%	Mean	SD	Significance
Educational status					
Primary education	77	44.8	2.96	0.168	F:1.347 p>0.05
Secondary education	36	20.9	3.25	0.265	
Higher education	59	34.3	2.71	0.215	
Working status					
Working	35	20.3	2.91	0.291	t:0.92
Housewife	137	79.7	2.94	0.131	p>0.05
Income level					
Low-income	12	7.0	3.92	0.570	Kw:2.849 p>0.05
Middle-income	152	88.4	2.86	0.125	
High-income	8	4.7	3.00	0.267	
Family type					
Nuclear family	137	79.7	2.85	0.135	MW U:2900.5 p>0.05
Extended family	35	20.3	3.29	0.248	
Residence					
Village	28	16.3	3.14	0.312	Kw:1.802 p>0.05
Town	49	28.5	3.08	0.212	
City	95	55.2	2.80	0.162	

Various traditional practices related to first breastfeeding were reported by 25% of the included mothers, such as giving *Zamzam* water to the baby before the first breastfeeding, applying date syrup to the mother's breast before breastfeeding, giving sherbet to the baby before breastfeeding and squeezing the mother's breast. Umbilical cord stump related practices were reported by 17.4% of the mothers, including putting walnuts or applying breast milk, olive oil or various creams around the baby's umbilical area, throwing or burying the fallen umbilical cord stump at religious or cultural or special places such as mosques, schools, hospitals or three-way junctions. Various practices with a view to protect the babies from getting newborn jaundice were reported by 64% of the mothers. They include covering baby's head with a yellow cheesecloth, breastfeeding frequently, pinning gold coins on the baby, dressing the baby in yellow clothes, putting gold objects into the baby's bath water, covering the face of the baby with a blue scarf and placing the baby under the light. As for abdominal gas problems, 63.4% of the mothers stated that they performed various applications to burp the baby, such as patting on baby's back, giving medicine, giving cumin water,

massaging the baby's abdomen, putting a hot towel on the baby's feet, giving Zamzam water or putting the baby in a noisy environment. Practices related with baby's diaper rash were performed by 86% of the mothers, such as applying cream, powder, olive oil, starch or mother's milk, wiping with warm water or changing the diaper frequently. Various applications regarding moniliasis such as wiping with carbonated water, wiping with sugar syrup, giving water following feeding with formula or rubbing mother's hair to the baby's mouth were reported by 43.6% of the mothers. In case of diarrhea, 39.5% of the mothers practiced frequent breastfeeding or giving sugary water to baby and consuming constipating foods, e.g. banana, in addition to mothers themselves being more attentive to what they eat. In case of constipation however, 47.1% of the mothers reported various practices such as giving olive oil to the baby or rubbing baby's anus with olive oil, massaging baby's abdomen, frequent breastfeeding, and using laxative drugs. In case of cough, 57% of the mothers applied a hot towel on the baby's back and chest, gave the baby herbal tea, rubbed baby's forehead, rubbed the baby's chest by olive oil or applied hot administration.

Table 4. Frequencies of some traditional baby care practices

Care practices	Yes		No	
	Number	%	Number	%
First breastfeeding practices	43	25.0	129	75.0
Practices for fall off the umbilical cord stump	30	17.4	142	82.6
Practices for avoiding newborn jaundice	110	64.0	62	36.0
Practices for treating newborn jaundice	88	51.2	84	48.8
Practices for easy burping the baby	109	63.4	63	36.6
Practices related with diaper rash	148	86.0	24	14.0
Practices related with moniliasis	75	43.6	97	56.4
Practices for treating diarrhea	68	39.5	104	60.5
Practices for treating constipation	81	47.1	91	52.9
Practices for treating cough	98	57.0	74	43.0

DISCUSSION

Half-forty (completing 20 days) and forty days (completing 40 days) rituals can be mentioned among the common traditional practices in our country. In a study conducted in Adana, it is stated that women in puerperal period and newborns are not left alone at home during first forty days in the postpartum period, with a common belief to avoid puerperal fever (albasması). Accordingly, at the 20th day of birth half-forty days ritual is practiced

and 20 pebbles are cleaned and put into a boiling cauldron along with prayers, and the mother and baby are washed together with this water. At the 40th day of birth, forty-days ritual is practiced, similarly 40 pebbles are cleaned and put into a boiling cauldron along with prayers, and the mother and baby are washed together with this water¹². In this present study too, 10.5% of the mothers practiced half-forty days ritual and 68%



practiced forty days ritual.

In this study, we determined that 41.3% of the mothers swaddled their babies. Swaddling is one of the common traditional practices in Turkish society, with an intention for the baby to sleep comfortably and to have straight legs. However, swaddling is known to be an important risk factor for developmental hip dysplasia. Similar to our sample, mothers included in other studies were also determined to apply swaddling frequently. Mothers who swaddled their babies constituted 79% of the sample in the study by Biltekin et al. (2004), while 60% in the study by Uğurlu et al. (2004)^{2,13}. In another study conducted in Erzurum region, the rate of mothers who swaddled their babies was 71.2%¹⁴.

Another traditional practice as common as swaddling crowding around the baby. This can be described as the situation that the baby can not stand still firmly on her/his own feet and cannot keep her/his head upright. In such a case, a crowd of guests visit the house and surprise the baby; where all the guests take the baby in their hands and naps, and the baby is gently pressed on the gifts brought by the guests, in particular on meat. Another relevant practice is holding the baby on her/his feet, when a crowd or a funeral passes through the street. In this present study, 48.8% of the mothers reported to follow a traditional practice regarding crowding around the baby.

Another common traditional practice related with neonatal care in our country is to cover baby's face with a yellow cheesecloth in order to avoid getting newborn jaundice. In our study, about half of the mothers (54.1%) used a yellow cheesecloth for this purpose. Similar practices were also observed in other studies, at similar rates. Studies show that mothers frequently follow this tradition of using yellow cheesecloth over their babies' faces to prevent jaundice².

In this study, 22.7% of the mothers gave blessed sugar water as the first food to their babies. This is a traditional practice aiming to bring up the child as a kind and nicely talking person. Similar practices are also seen in other regions. In the study conducted by Özyazıcıoğlu and Polat (2005) in Erzurum region, 7.8% of the mothers were giving blessed sugar water or *dadak* (a mixture of biscuit and tea) as the first food to their baby¹⁰.

In our study, 2.9% of the mothers followed the tradition of waiting for 3-5 azan, before the first breastfeeding. In a similar study conducted in Erzurum, the rate of mothers waiting for 3-5 azan

to breastfeed their babies was 64%. In various studies conducted in different provinces of our country, the rate of such mothers varied between 9.3% and 58.5%^{12,15,16}.

The rates of various traditional baby care practices are given in Table 4. The rate of mothers varied between 17.4% and 86% in our study with respect to various baby care practices. Among these practices, the lowest rate was related to the fall of the umbilical cord, whereas the highest rate was related to diaper rash. Various traditional practices related to first breastfeeding, breastfeeding, burping, diarrhea, moniliasis, and avoiding neonatal jaundice of the baby were widely used by the mothers included in our study. In relevant studies on the subject, mothers frequently use traditional baby care practices at similar rates to those in this study^{4,17}. In their studies for determining traditional methods used by mothers during their pregnancy and postpartum periods in Erzurum region, Çelik, Çapık, Engin (2012) observed that mothers follow traditional baby care practices at different rates, but very commonly¹⁴. In addition, similar results were observed in several studies conducted in different regions of our country. Traditional baby care practices were determined to be commonly used by Biltekin et al. (2013) in İzmir Ödemiş, Bölükbaş et al. (2009) in Ordu, Ayaz and Yaman Efe (2008) in Ankara, Çetinkaya, Özmen, Canbaz (2008) in Manisa, Yalçın (2007) in Konya Karaman, Dinç (2005) in Şanlıurfa, Biltekin et al. (2004) in Bornova, İzmir^{2,5,6,18-20}.

CONCLUSION AND RECOMMENDATIONS

This present study tried to determine traditional baby care practices used by women in the province of Artvin. It was observed that some traditional practices that mothers follow, do not give any harm to babies, but some practices may cause serious health problems for the babies in the short term or long term. For example, there are harmless practices such as burying the umbilical cord stump in schools, mosques, hospitals, etc., with a belief that the baby will be a respectable, beneficial and religious individual in the society in the future. On the other hand, there are some harmful and wrong traditional practices such as swaddling, which may cause problems in the anatomical structure of the baby, or waiting 3-5 azan for the first breastfeeding.

According to the findings of this study; traditional baby care practices are generally followed by mothers to a certain extent, but variables such as



mothers' educational status, employment status, income level, family type, and place of residence are not related to such practices. We suggest traditional baby care practices and the influencing factors should be further studied in larger samples. Traditional practices related to baby care are spiritual elements that develop in the society after passing through the filter of a long time period. It should not be forgotten that these spiritual elements

are functioning as social support systems as well as playing significant roles in keeping society members together. The researchers involved in this study are not actually opposed to traditional baby care practices, in fact they are in favor of sorting out harmful or harmless practices and eliminating those harmful ones, and supporting the maintenance of the medically beneficial ones, which are important elements for the society.

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